FORM D

UNITED STATES

NOTICE OF SALE OF SECURITIES

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

PURSUANT TO REGULATION Dicheland

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 FORM D

COMB Number:

3235-0076

Expires:

Prefix

April 30, 2008

JUN 2 0 200 Estimated average burden hours per response............ 16.00

SEC USE ONLY

OMB APPROVAL

Serial

DATE RECEIVED

	DATE RECEIVED
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Warrant Financing	1278136
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Conformia Software, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 1001 Marshall Street, Redwood City, CA 94063	Telephone Number (Including Area Code) (650) 780-5850
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Supply chain management software and consulting	
Type of Business Organization Corporation Imited partnership, already formed business trust limited partnership, to be formed THOMSON THOMSON FINANCIAL FINANCIAL	05058321 (please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated ate:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a cl Each executive officer and director of corporate issuers and of corporate general and managing partners of partners Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or Managing Partner
Full Name (Last name first, if individual)	
Kataria, Anjali	<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Conformia Software, Inc., 1001 Marshall Street, Redwood City, CA 94063	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or Managing Partner
Full Name (Last name first, if individual)	
Kataria, Neil	
Business or Residence Address (Number and Street, City, State, Zip Code)	
219 Brannan Street, Unit 1F, San Francisco, CA 94107	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or Managing Partner
Full Name (Last name first, if individual) Kamlesh Desai	
Business or Residence Address (Number and Street, City, State, Zip Code)	The second secon
219 Brannan Street, Unit 1J, San Francisco, CA 94107	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	General and/or Managing Partner
Full Name (Last name first, if individual) Sameer Gandhi	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Sequoia Capital, 3000 Sand Hill Road, Bldg 4, Suite 180, Menlo Park, CA 94025	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	or General and/or Managing Partner
Full Name (Last name first, if individual)	
Funds affiliated with Sequoia Capital	
Business or Residence Address (Number and Street, City, State, Zip Code) 3000 Sand Hill Road, Bldg 4, Suite 180, Menlo Park, CA 94025	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	or General and/or Managing Partner
Full Name (Last name first, if individual)	
Mentor Capital Group, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
16371 Belmont Avenue, Monte Sereno, CA 95030	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	or General and/or Managing Partner
Full Name (Last name first, if individual) David Dury	
Business or Residence Address (Number and Street, City, State, Zip Code)	***************************************
c/o Conformia Software, Inc., 1001 Marshall Street, Redwood City, CA 94063	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary))

Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)							
Joseph Prang									
Business or Residence Addre	ss (Nu	mber and Stree	et, City	, State, Zip Code)					
c/o Conformia Software, In	c., 100	1 Marshall St	reet, R	edwood City, CA 9	94063				
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)							
Funds affiliated with Found	lation	Capital							
Business or Residence Addre	ss (Nu	mber and Stree	et, City	, State, Zip Code)					
70 Willow Road, Suite 200,	Menlo	Park, CA 94	025						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, i Paul Holland	f indiv	idual)							
Business or Residence Addre	ss (Nu	mber and Stree	et, City	, State, Zip Code)					
c/o Foundation Capital, 70	Willov	v Road, Suite	200, M	enlo Park, CA 940	25				
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i Eckstut, Michael	f indiv	idual)							
Business or Residence Addre	ss (Nu	mber and Stree	et, City	, State, Zip Code)			_		· · · · · · · · · · · · · · · · · · ·
c/o Conformia Software, In	c., 100	1 Marshall St	reet, R	ledwood City, CA 9	94063				
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	findiv	ridual)							
Fairchild, Larry					٠				
Business or Residence Addre	ess (Nu	imber and Stree	et, City	, State, Zip Code)					
c/o Conformia Software, In	c., 100	1 Marshall St	treet, R	Redwood City, CA 9	94063			ā	
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i Ambekar, Vinay	f indiv	ridual)							
Business or Residence Addre	ess (Nu	mber and Stree	et, City	, State, Zip Code)					
c/o Conformia Software, In	c., 100)1 Marshall St	treet, F	Redwood City, CA 9	94063				
Check Box(es) that Apply:		Promoter		Beneficial Owner	\boxtimes	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)						ng an ang sa sa sa sa sa	
Mlodozeniec, Arthur									
Business or Residence Addre	ess (Nu	ımber and Stree	et, City	, State, Zip Code)					
c/o Conformia Software, In	c., 100)1 Marshall St	treet, F	Redwood City, CA	94063				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	findiv	ridual)							
Business or Residence Addre	ess (Nu	ımber and Stree	et, City	, State, Zip Code)				., .	
-	-	(Use blan	k sheet	, or copy and use ad	dition	al copies of this shee	t, as n	ecessary)	
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				B.	INFOR	MATION A	ABOUT OF	FERING				
1. Has th	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No ⊠	
2. What	What is the minimum investment that will be accepted from any individual?								\$	N/A		
Does t	Does the offering permit joint ownership of a single unit?										Yes ⊠	No □
remun person	the information teration for solution or agent of a tive (5) persons	licitation of p broker or dea	urchasers in o der registered	connection w I with the SE	vith sales of se C and/or with	ecurities in th h a state or st	ne offering. I ates, list the i	f a person to b name of the b	e listed is an	associated er. If more		
	(Last name fir	st, if individu	ial)						· · · · ·			
Business or	Residence Ad	ddress (Numt	per and Stree	t, City, State	, Zip Code)				···		, .	54.00
Name of As	sociated Brok	er or Dealer										
States in WI	hich Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers					······································		
(Check "	All States" or	check indivi	duals States)								□ A	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[1A]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name ((Last name fir	st, if individu	ıal)	<u> </u>		<u>-</u>						
Business or	Residence A	ddress (Numb	per and Stree	t, City, State	, Zip Code)			·			 ,	
Name of As	ssociated Brok	ker or Dealer										
States in W	hich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers	-1						
(Check "	All States" or	check indivi	duals States)	***************************************			••••••				☐ A	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name ((Last name fir	st, if individu	ual)									
Business or	Residence A	ddress (Numl	ber and Stree	t, City, State	e, Zip Code)	 			 			
Name of As	ssociated Brol	ker or Dealer									·	
States in W	hich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers			<u></u>		•		*****
(Check "	All States" or	check indivi	duals States)	***************		···:			····		□ A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS		
۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			A	
	Type of Security		Aggregate fering Price	Amo	ount Already Sold
	Debt		0	\$	0
	Equity	\$	0	\$	0
	Common Preferred				
	Convertible Securities (including warrants)	\$	120,000.48	\$	00
	Partnership Interests	\$	0	\$	00
	Other (Specify)	\$	00	\$	0
	Total	\$	120,000.48	\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		lar Amount Purchase
	Accredited investors		2	\$	120.000.48
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		_		
	Type of Offering		Type of Security	Dol	lar Amount Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			s -	0
	Legal Fees		\square	s	22,000.00
	Accounting Fees			s —	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			s	0
	Total		\boxtimes	s	22,000.00

	C. OFFERING	PRICE, NUMBER OF IN	VESTORS, EXPENSES A	ND USE OF PRO	OCEEDS	····	
	b. Enter the difference between the aggregat total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This diffe	rence is the "adjusted gross			\$	D8,000.48
	Indicate below the amount of the adjusted gro the purposes shown. If the amount for any pu left of the estimate. The total of the payment forth in response to Part C - Question 4.b abo	rpose is not known, furnish a s listed must equal the adjus	an estimate and check the bo	x to the			
				Payme Officers, Di Affili	rectors &		ents To hers
	Salaries and fees			🗆 s	0	□ s	0
	Purchase of real estate			🗆 \$	0	□ s	0
	Purchase, rental or leasing and installation of	f machinery and equipment		🗆 \$	0	□ s	0
	Construction or leasing of plant buildings an	d facilities		S	0	□ s	0
	Acquisition of other businesses (including the used in exchange for the assets or securities	e value of securities involve of another issuer pursuant to	ed in this offering that may	bc 	0	□ s	.0
	Repayment of indebtedness			s	0	□ s	0
	Working capital			🗆 \$	0	⊠ s	98,000.48
	Other (specify):			s	0	□ s	0
	Column Totals			s	0	⊠ s	98,000.48
	Total Payments Listed (column totals a				3 s <u>9</u>		
		D. FEDE	RAL SIGNATURE				
ınde	issuer has duly caused this notice to be signed by making by the issuer to furnish the U.S. Securitied investor pursuant to paragraph (b)(2) of Reference to the control of	es and Exchange Commission					
	er (Print or Type)	Signature)	Date			
	formia Software, Inc. ne of Signer (Print or Type)	Title of Signer (Print	or Type	June 2, 2005	 		
	ir or organi (r rant or 1) he)	Chief Financial Officer	·· • > (p~)				